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26161 7590 07/29/2004

**FISH & RICHARDSON PC**  
225 FRANKLIN ST  
BOSTON, MA 02110  
**10/01/2004 WASFAW2 00000082 10050665**

01 FC:2501	665.00 OP
02 FC:1504	300.00 OP
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I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

<i>Deborah R. Nast</i>	(Depositor's name)
<i>Deborah R. Nast</i>	(Signature)
<i>Sept. 28, 2004</i>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/050,665	01/16/2002	Jyh-Lyh Juang	13217-002001	6059

TITLE OF INVENTION: BACULOVIRUS-BASED EXPRESSION SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	10/29/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GUZO, DAVID	1636	424-093200

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p>1 <u>Fish &amp; Richardson P.C.</u></p> <p>2 _____</p> <p>3 _____</p>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

National Health Research Institutes  
Alarvita Biolife Corporation

Taipei, Taiwan  
Taipei, Taiwan

Please check the appropriate assignee category or categories (will not be printed on the patent);  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

Issue Fee  
 Publication Fee (No small entity discount permitted)  
 Advance Order - # of Copies 10

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.  
 Payment by credit card. Form PTO-2038 is attached.  
 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1050 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

(Authorized Signature)

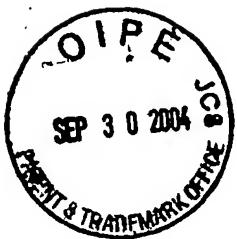
(Date)

*9-28-04*

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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TRANSMIT THIS FORM WITH FEE(S)



Attorney's Docket No.: 13217-002001

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jyh-Lyh Juang et al.

Serial No. : 10/050,665

Filed : January 16, 2002

Art Unit : 1636

Examiner : David Guzo

Confirmation No.: 6059

Notice of Allowance Date: 07/29/2004

Title : BACULOVIRUS-BASED EXPRESSION SYSTEM

**MAIL STOP ISSUE FEE**

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

**RESPONSE TO NOTICE OF ALLOWANCE**

In response to the Notice of Allowance mailed July 29, 2004, enclosed are a completed issue fee transmittal form PTOL-85b and a check for \$995 for the required issue fee and publication fee, including patent copies.

Please apply any additional charges or credits to our deposit account 06-1050, referencing attorney docket 13217-002001.

Respectfully submitted,

Date: 9-28-04

Y. Rocky Tsao  
Y. Rocky Tsao  
Reg. No. 34,053

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20947724.doc

CERTIFICATE OF MAILING BY FIRST CLASS MAIL

I hereby certify under 37 CFR §1.8(a) that this correspondence is being deposited with the United States Postal Service as first class mail with sufficient postage on the date indicated below and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

September 28, 2004

Date of Deposit

Signature

Deborah R. Nast  
Typed or Printed Name of Person Signing Certificate